

AFFIDAVIT OF ORGANIZATIONS REGISTRATION  
AS A VOLUNTARY HEALTH CARE PROGRAM PROVIDER  
STATE OF MINNESOTA



COUNTY OF: \_\_\_\_\_

REGISTRATION FOR: \_\_\_\_\_

The undersigned, acting as an agent for the above named organization, requests registration under Minn Stat § 214.40, Volunteer Health Care Provider Program.

I authorize the Administrative Services Unit (herein referred to as ASU) to solicit any information, files or records ASU may require to evaluate the registration application of this organization. I further agree:

- To provide annual report to ASU
- To provide annual roster of health related licensees
- To notify ASU of any disciplinary action taken against the health care provider by a professional licensing authority or health care facility, including any voluntary surrender of license or other agreement involving the health care provider's license to practice or any restrictions on practice, suspension of privileges, or other sanctions and any malpractice suits filed against the health care provider and the outcome of any suits filed.
- To comply with risk management and loss prevention policies imposed by the insurer.

I hereby authorize all governmental agencies and instrumentalities (local, state, federal or foreign) to release to ASU any information, files, or records including any information, favorable or otherwise, ASU may require for its evaluation of the professional, ethical, and physical qualifications of currently licensed health care professionals provided in the roster of potential volunteers.

I hereby release, discharge, and exonerate, ASU, the Boards, its agents, and representatives, and any person furnishing information to the Boards from any and all liability of every nature and kind arising out of the furnishing of oral information or of documents, records, or other information to the Board.

I have carefully read the questions in the in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of such registration as a Health Care Provider. I understand that I am required to update my application with pertinent information to cover the time period between date of application and date approved.

I understand that I must immediately notify the Board of any restrictions placed on any license in any state or jurisdiction. I agree to be subject to state laws, the state judicial system and all health licensing boards with respect to providing medical services to Minnesota residents. (Minn. Stat. §147.032 Subd 1 (c,d)). I understand that I am subject to the reporting obligations of MN Stat. §147.111 and that I must comply with Minn. Stat. §144.335, Access to Health Records.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Signature of Notary Public

Signature of Applicant

My Commission Expires: \_\_\_\_\_

Title

RIGHTS OF SUBJECTS OF DATA

This information is requested by the Administrative Services Unit. The purpose and intended use of this information is to enable ASU to determine whether you meet statutory requirements for registration. The information is classified as private while your application is pending or if your application is denied, and is public unless indicated otherwise if your registration is granted. You are required to submit this information. Your application will not be processed without it and the form will be returned to you for completion. This information may be used as the basis for further investigation. Under some circumstances, the information could become available to other agencies or persons. The Administrative Services Unit may suspend, revoke, or condition the eligibility of a health care provider for cause, including but not limited to, the failure to comply with the agreement with the administrative services unit and the imposition of disciplinary action by the licensing board that regulates the health care provider.